



WHAT WE HEARD

Evolving COVID-19 Self-Isolation Policies in the Northwest Territories

COVID-19 COORDINATING SECRETARIAT

November 2020

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INTRODUCTION

The Chief Public Health Officer (CPHO) for the Northwest Territories (NWT) declared a Public Health Emergency on March 18, 2020 in response to the COVID-19 pandemic. Actions were taken to restrict travel; change personal behaviours; and, require self-isolation planning. Those initial measures paid off with very few cases reported in the NWT and that remains the case today.

Now that we know more about COVID-19 and its effects, the CPHO is considering changes to self-isolation requirements, including options for expanding locations where mandated self-isolation can take place during the COVID-19 pandemic. At the same time, the Government of the Northwest Territories (GNWT) is also looking at options for controlling costs at isolation centres.

The COVID-19 Coordinating Secretariat held five engagement sessions, between October 28 and November 3, 2020, to seek input on changes to isolation location and payment for isolation centres. Two engagement sessions were held with Indigenous government leaders, which were attended by representatives of 11 Indigenous governments. Two sessions with community governments were organized with the NWT Association of Communities (NWTAC), which included participation from 21 NWT communities. One session with business stakeholders was organized with the Business Advisory Council. Representatives from other relevant GNWT departments also participated in the meetings to provide responses to questions and hear the input provided into the issues for discussion. Written submissions were also received from several organizations, and several community governments had previously provided their perspectives on individuals self-isolating in their communities to the Department of Municipal and Community Affairs. That information has been incorporated along with the feedback provided at the engagement sessions.

The GNWT uses common principles for engagement. It is committed to engagement practices that support effective and authentic decision-making and reflect the principles of the GNWT's Open Government Policy. Due to being in the midst of a public health emergency, and the repercussions of that on residents, communities and businesses, public health orders must be re-adjusted quickly to ensure health and safety. In this case, the issues of the mental and emotional well-being of Northerners, as well as costs to taxpayers, were explored through an engagement process that followed a tighter timeline than what is optimal. The GNWT thanks all of the organizations who were available for these discussions on short notice and appreciates all of the input provided by participants.

SUMMARY OF COMMENTS

1 COMMUNITY SELF-ISOLATION

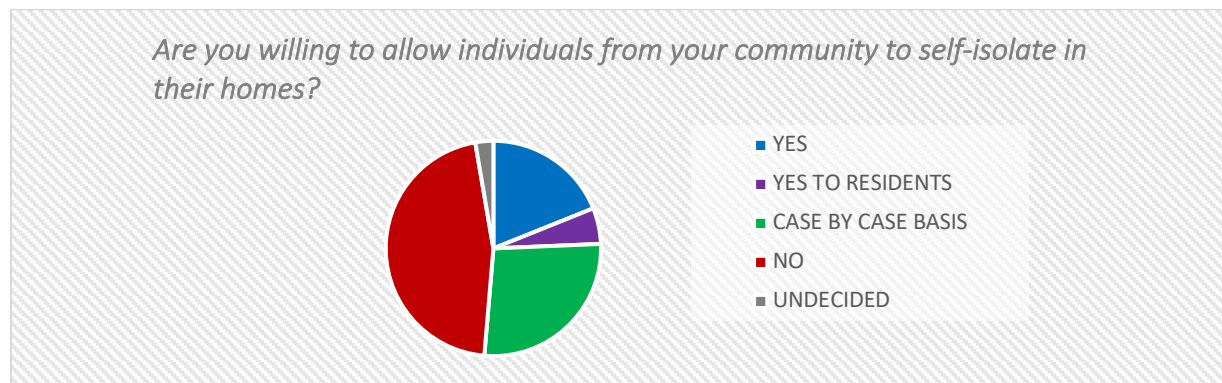
Are you willing to allow individuals from your community to self-isolate in their homes?

While there was general support for considering changes to the current approach, not all of the organizations who participated provided a clear statement as to whether they would support, or not support, changes to public health orders that would sanction self-isolation in individual communities.

Several participants outlined conditions or suggestions that would make them more open to a change.

1.0.1 What we heard (all sessions)

<i>Open to community members who would have difficulty being in isolation centres for medical or health reasons and need community-based supports (family)</i>
<i>Case-by-case for essential workers depending on service</i>
<i>Case-by-case for all</i>
<i>Case-by-case if people test negative for COVID-19 before isolating in community</i>
<i>Yes, for residents; no for anyone else</i>
<i>Assistance to communities to properly plan/provide wrap-around services</i>
<i>Yes, when the only resident living in the home</i>
<i>Consider using other accommodations (motels, B&Bs) in community for self-isolation purposes when there are too many additional household members in the home</i>
<i>Consider using other accommodations (motels, B&Bs) in community for self-isolation purposes when there are too many additional household members in the home and reverse locations so that families stay in outside accommodation, can come and go, and provide supports to self-isolator in the home</i>
<i>More tracking through phones/app like in the south</i>
<i>Yes, to isolation in communities with tighter restrictions</i>
<i>Need to calm fears about essential workers</i>
<i>Allow in all communities but consider each case individually</i>
<i>Promote more options to isolate in cabins/camps</i>



(Chart is based on input received from three regional Indigenous governments, 32 NWT communities and one business stakeholder association)

One of the good things this community enjoys is the idea of a community bubble. If we are able to expand the bubble regionally, it would be better - have a bubble that connects communities that are already connected by family, culture and work.

2 COMMUNITY SELF-ISOLATION

Concerns

To ensure an informed decision-making process, feedback was collected and analysed using an empirically driven methodology to ensure input of all parties is taken into consideration when talking about changes to isolation location.

Categorized, open-ended feedback resulted in the identification of the following key themes related to concerns:

- Community Resources
- Call for Supports
- Testing
- Historical Trauma/Fears
- Enforcement/Compliance
- Communication

2.0 COMMUNITY RESOURCES

Organizations that were engaged in discussions outlined how resources in their communities, or lack of resources, affect points of view about residents and essential workers self-isolating within communities. Community resources also played a large part in determining points of view about providing a safe place for residents who are not in isolation.

2.0.1 What we heard (Indigenous Governments)

<i>Infrastructure and capacity issues, such as suitable housing or other self-isolation locations</i>
<i>Wrap around services: support for people in self-isolation (e.g.: errands, wellness, supplies)</i>
<i>Health care facilities and staffing shortages</i>
<i>Airport and transportation/isolation concerns</i>
<i>Concerns about placing too many demands for services on the larger communities within particular regions</i>
<i>Concerns about possible community transmission in larger regional centres that smaller community residents must visit for services; increased risk of virus spreading to under-resourced hamlets</i>
<i>There is perception of increased illegal substance activity</i>

2.0.2 What we heard (Community Governments)

<i>Infrastructure and capacity issues, such as suitable housing or in other self-isolation locations</i>
<i>Overcrowding in homes, but also concerns about small sizes of other buildings (e.g.: tight grocery store aisles) regarding social distancing</i>
<i>Wrap around services - support for people in self-isolation (e.g.: errands, wellness, supplies)</i>
<i>Health care facilities and staffing shortages</i>
<i>Airport and transportation/isolation concerns</i>

2.0.3 What we heard (Business Stakeholders)

<i>There should be no cost to the community if community-based self-isolation proceeds</i>
<i>Should be a framework that outlines what each community needs in order to safely allow community-based self-isolation</i>

2.1 CALL FOR SUPPORTS

Sessions with both Indigenous governments and community governments outlined that decision-making at the local level was determinant on whether or not the GNWT could provide additional supports and resources. No further specific calls for support were noted at the business stakeholder engagement session.

2.1.1 What we heard (Indigenous Governments and Community Governments)

<i>Overcrowding concerns</i>
<i>Support for community-based isolation facility preparedness (retrofitting current assets to provide isolation in the case of community transmission)</i>
<i>Support to create community-based preparedness plans unique to place</i>
<i>Wrap around services: support for people in self-isolation (e.g.: errands, wellness, supplies)</i>

2.2 TESTING

During the engagement sessions, Deputy Chief Public Health Officer Dr. Andy Delli Pizzi, spoke about improvements to COVID-19 testing that achieves faster results. Organizations used this information to provide feedback related to testing improvements. Engagement with Indigenous governments highlighted how the testing could be used as a decision-making tool when determining self-isolation in home communities on a case-by-case basis.

2.2.1 What we heard (Indigenous Governments)

<i>Early testing offers greater assurances</i>
<i>Early testing to determines eligibility for self-isolation</i>
<i>Interest in repeated testing for people in community-based self-isolation</i>

2.2.2 What we heard (Community Governments)

<i>Interest in more testing</i>
<i>Mistrust regarding results</i>
<i>Concerns about false sense of security related to negative early tests (incubation period)</i>
<i>Community fears of the test/lack of communication</i>
<i>Interest in repeated testing for people in community-based self-isolation</i>

2.2.3 What we heard (Business Stakeholders)

<i>Community-based self-isolation more likely if there is a lot of testing</i>
<i>Testing will alleviate some of the fears</i>

2.3 HISTORICAL TRAUMA/FEARS

Representatives of Indigenous governments outlined that there are fears and anxiety about COVID-19 as a concern regarding self-isolation in home communities. Indigenous government and community government sessions touched on collective memories about sickness devastating communities in the NWT in the past. Other contemporary concerns about pandemic anxiety, related to well-being, were brought up in all groups.

2.3.1 What we heard (Indigenous Governments and Community Governments)

<i>Memories of community members dying</i>
<i>Heightened individual fears about contaminating others due to historical trauma</i>
<i>Being located near access entry points to the NWT from British Columbia and Alberta</i>
<i>People not following self-isolation rules</i>

2.3.2 What we heard (Business Stakeholders)

<i>Potential communications regarding dangers of dying due to COVID-19 (death rates decreasing)</i>
<i>Possibility of people generally feeling more exposed to COVID in isolation centers than at home</i>
<i>Should be attention to fear mongering and stigma</i>
<i>Mental and physical toll may get worse</i>
<i>Need to promote caring about other people</i>
<i>Concern that suicide and mental health issue rates will increase</i>
<i>Consider the stress that new cases have on residents and workers</i>
<i>COVID-centric in our priorities does not give people something to look forward to once COVID is over</i>
<i>Consider solution-based behaviour to overcome fear in smaller communities</i>

We still have grandparents with stories of what happened last time a pandemic came through and they are not good stories. Some are about how they were digging graves all day. So, that still resonates in our Dene community.

2.4 ENFORCEMENT/COMPLIANCE

Community government representatives spoke a lot about enforcement and compliance issues. A lack of these services in smaller communities underscored many reasons for concern and/or making the decision to not allow self-isolation in smaller communities. Indigenous government representatives echoed these concerns and offered additional ideas. Business stakeholders highlighted the balance between enforcement and privacy in smaller communities, which is a discussion point that was covered in all sessions.

2.4.1 What we heard (Indigenous Governments)

<i>Experienced non-compliance in community already with people given exemptions</i>
<i>Hearing about non-compliance in hub communities where self-isolation at home is currently allowed</i>
<i>Not enough enforcement officers (reliant on honour system)</i>
<i>No knowledge of self-isolation occurring due to privacy issues</i>
<i>Reporting issues and follow ups too late</i>

<i>Could there be changes to current policy that may add additional enforcement options in smaller communities?</i>
<i>Enforcement officers should be in regular contact with all communities in a region</i>
<i>Balance of privacy versus safety may be different in communities. Should community or regional organizations be made aware?</i>

2.4.2 *What we heard (Community Governments)*

<i>Experienced non-compliance in community already regarding people given exemptions</i>
<i>Hearing about non-compliance in hub communities where self-isolation at home is currently allowed</i>
<i>Not enough enforcement officers (reliant on honor system)</i>
<i>No knowledge of self-isolation occurring due to privacy issues</i>
<i>Reporting issues and follow ups too late</i>

2.4.3 *What we heard (Business Stakeholders)*

<i>Balance of privacy vs safety may be different in communities, should community or regional organizations be made aware?</i>

2.5 COMMUNICATION

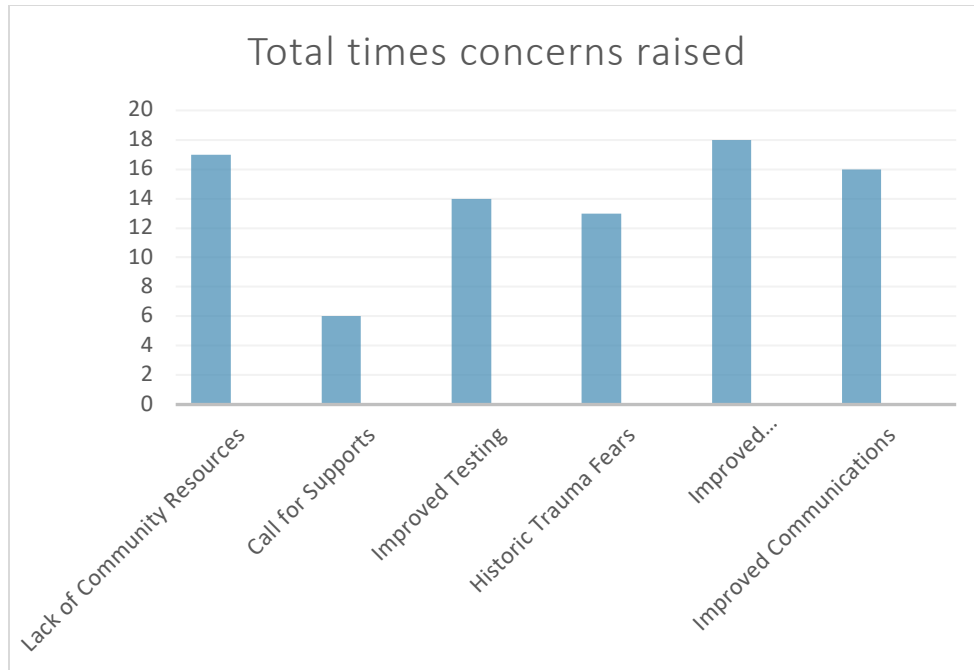
Community government representatives were especially concerned about being told when previous self-isolation had taken place in communities due to exemptions. Indigenous government representatives echoed these concerns and business stakeholders suggested recording community concerns.

2.5.1 *What we heard (Indigenous Governments and Community Governments)*

<i>Lack of communication causes additional work for community leaders to assure community members</i>
<i>Rules for essential workers seem inconsistent</i>
<i>Learning curve for community leadership regarding differing rules</i>
<i>Balance of privacy vs safety may be different in communities:</i> <ul style="list-style-type: none"> • <i>Can community or regional organizations be made aware in some way?</i> • <i>Can there be a difference between knowing about residents and essential workers?</i>
<i>Need for general and ongoing communications about any changes that affect communities</i>
<i>Need for more communication about testing intervals; possible shortening of self-isolation period</i>

2.5.2 *What we heard (Business Stakeholders)*

<i>Each community is different. Suggestion to create community survey to bring to light new information to support long-term pandemic guidelines</i>



(Chart is based on input received from three regional Indigenous governments, 32 NWT communities)

3 ISOLATION CENTRE COSTS

Should the GNWT continue to pay for all isolation centre stays, including discretionary travel?

Isolation centres represent more than half of the GNWT's costs for implementing the public health orders of the CPHO. During engagement with Indigenous governments, community governments and business stakeholders, representatives were asked if the GNWT should continue to pay for all isolation centre stays, including discretionary travel.

The responses were categorized into the following:

- GNWT should stop paying for isolation centre costs
- GNWT should stop paying for isolation centre costs (with some considerations)
- GNWT should continue paying for isolation centre costs

The bulk of feedback was in support of reducing isolation centre costs, but there was valuable discussion about how to do so in a way that's fair and equitable to all residents.

3.0 GNWT SHOULD STOP PAYING FOR ISOLATION CENTRE STAYS

Some representatives from Indigenous governments and community governments did not support the GNWT continuing to pay for any stays at the isolation centres. Business stakeholders advised that they do not want personal or discretionary travel to be covered by the GNWT, and people embarking on voluntary travel should have more options to isolate at home to help reduce those costs.

3.0.1 What we heard

<i>Should not be paying for people’s holidays</i>
<i>Only pay if it is needed after absolutely necessary travel (e.g. medical)</i>
<i>All other travel needs to be discouraged</i>
<i>If the GNWT continues this way it should also consider providing financial support to help offset these mandatory costs for businesses</i>

3.1 GNWT SHOULD STOP PAYING FOR ISOLATION CENTRE STAYS (with some considerations)

Most of the discussion about isolation centre cost reduction focussed on the definition of discretionary travel in this context – i.e., travel decisions made by individuals based on what they feel is appropriate. There was some consideration of whether or not increased costs to isolate for discretionary travel could be harmful to well-being of individuals in certain situations.

3.1.1 What we heard

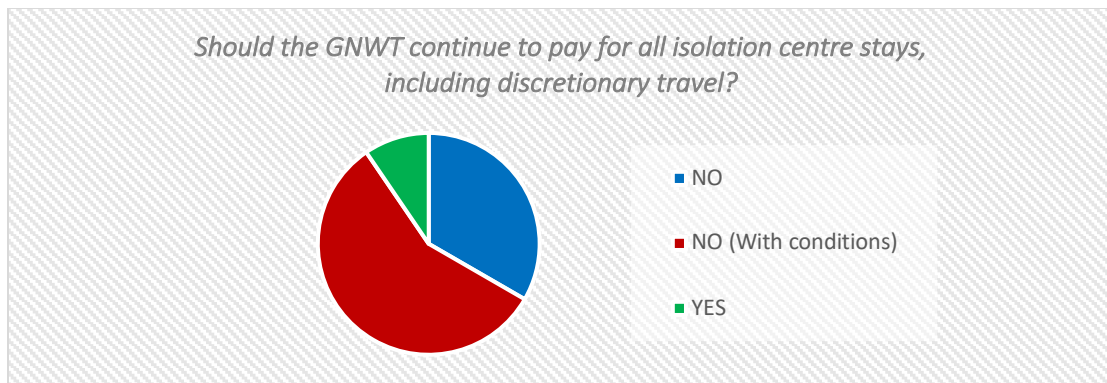
<i>Needs to be clear distinction between what is considered not necessary and what is considered compassionate (e.g.: funerals, graduation ceremonies etc.)</i>
<i>Some discretionary travel is necessary for different individuals</i>
<i>What about the well-being of remote workers with families in the south?</i>
<i>Safety first but considerations could be made</i>

3.2 GNWT SHOULD CONTINUE PAYING FOR ISOLATION CENTRE STAYS

A valuable argument was made by some representatives about community and personal disparity. This relates to the previous discussion about where self-isolation is allowed to take place. It also ties in whether or not certain individuals have the capacity to self-isolate at home in their communities (at no cost) or would be required to pay isolation centre costs (out of pocket).

3.2.1 What we heard

<i>Causes unfairness for communities that cannot have people self-isolate. They will have to pay for staying at isolation centres while others can self-isolate at home</i>
<i>Causes unfairness for certain people who cannot self-isolate at home (personal circumstances). They will have to pay for staying at isolation centres while others will not</i>
<i>Safety is the most important - keep things the same</i>
<i>GNWT should negotiate lower costs</i>



Almost all residents of hub communities can leave the territories for any reason and simply come home. What about everyone else?

We sometimes get caught up in thinking the GNWT pays. But, the GNWT is not a human - taxpayers are. Collectively, do we all want to pull together and pay for isolation for someone who is vacationing, or do we want to pay for schools.

It's a tough topic. Its not a 'yes' or 'no' response. If I was on the fence, I'd fall on the side of it that says if you have personal needs you should pay yourself. If its medical or necessary in some way, then that's different. It all depends on families' incomes; if they can afford these stays.

4 NEXT STEPS

Changes in Public Health Orders by the CPHO could allow greater flexibility in where self-isolation is permitted for residents returning from travel outside the NWT. Although these orders are determined by the CPHO based primarily on medical and public health considerations, a key consideration of any measure is the impact on our well-being.

The engagement sessions conducted by the COVID-19 Coordinating Secretariat will assist the CPHO to change and/or adapt public health orders that affect locations where mandated self-isolation can take place during the COVID-19 pandemic. The feedback will also allow the GNWT to make better informed decisions about changes and/or adaptations to policy related to controlling costs at isolation centres.

It can be very stressful, emotionally and mentally, if people are not prepared for it. If we are looking at people self-isolating in their homes or communities, there needs to be an understanding that there should be some kind of support. People in isolation are unable to access any of the normal resources they are used to, even socially.
